



Title: **How to Pull DD 2570 Data and What It Means**

Session: **W-2-1530**



Objectives

- Explain the DD 2570 report
- Learn how to find errors
- Understand how to combine data to post on the UBO Metrics Web site



DD 2570 Report of Program Results

- The DD 2570 Program Results Report provides information on billings, collections, and write-offs for billings performed in a fiscal year
- It's the only report to calculate a “collected to billed” ratio
- It can identify excessive use of a write-off code



Inpatient DD 2570

- Path is MSA<IFM<PRR<QRP and select “current quarter”
- Unlike the Outpatient DD 2570, the inpatient report displays the number of non-active duty appointments
- Page 1 shows billings, collections, adjustments, and amount remaining uncollected vertically instead of horizontally
- Write-offs on page 2 are displayed horizontally



Inpatient DD 2570 - Part I

THIRD PARTY COLLECTION PROGRAM - REPORT ON PROGRAM RESULTS
 REPORT CONTROL SYMBOL: DD-HA(Q) 1854 Date/Time 07 Jan 2011@1159

1. QUARTER ENDING: Sep 2010
2. REPORTING MEDICAL TREATMENT FACILITY (MTF):
3. DEFENSE MEDICAL INFORMATION SYSTEM (DMIS) ID

PART I

4. REPORTING PERIOD

(1) FISCAL YR	(2) NO. OF NON-ACTIVE DUTY INPATIENT DISP/VISITS	(3) NO. OF CLAIMS	(4) NO. OF COLLECTIONS	(5) NO. OF CLAIMS DIVIDED BY DISP/VISITS (%)	(6) TOTAL \$ AMOUNT BILLED/ CHARGES
CURRENT FY: 2010	11805	533	328	4.52 %	11103262.33
PY-1: 2009	12418	545	431	4.39 %	10188361.78
PY-2: 2008	12603	531	381	4.21 %	11552318.90

	(7) \$ ADJUSTMENTS AND REFUNDS	(8) \$ AMOUNT COLLECTED PY-2	(9) \$ AMOUNT COLLECTED PY-1	(10) \$ AMOUNT COLLECTED CURRENT FY	(11) \$ AMOUNT REMAINING UNCOLLECTED (6) - (7+8+9+10)
CURRENT FY: 2010	3911464.92	NO ENTRY	NO ENTRY	4479308.88	2712488.53
PY-1: 2009	2696350.12	NO ENTRY	3410135.95	3803298.32	278577.39
PY-2: 2008	5734495.68	2938941.90	1011645.29	1294184.46	573051.57



Part I Areas of Concern

- While the number of non-active duty inpatient visits and number of claims billed remained steady, there is a big variance in the number of collections in FY09
- Adjustments and Refunds vary greatly from year to year
- Collected only \$1M extra in FY09 for FY08 but \$3.8M extra in FY10 for FY09



Inpatient DD 2570 - Part II

REASON CODES		A. FY 2010	B. FY 2009	C. FY 2008
OPEN CLAIMS	1	1806969.44	-46570.84	561469.24
TRANSFERRED	2	0.00	0.00	0.00
INVALID DENIALS	3	0.00	0.00	0.00
	4	0.00	0.00	0.00
	5	905519.09	345347.46	11582.33
	6	0.00	0.00	0.00
	7	0.00	0.00	0.00
TOTAL REASON CODES (1 THROUGH 7)		2712488.53	298776.62	573051.57
CLOSED CLAIMS	8	0.00	0.00	112181.36
	9	2993900.87	1860780.72	2544749.32
	10	0.00	0.00	0.00
	11	587069.42	130410.64	763580.50
	12	122238.57	60700.69	214733.60
	13	0.00	0.00	0.00
	14	0.00	0.00	0.00
	15	2400.00	595443.79	1612835.74
	16	205856.06	49014.28	486415.16
TOTAL REASON CODES (8 THROUGH 16)		3911464.92	2696350.12	5734495.68



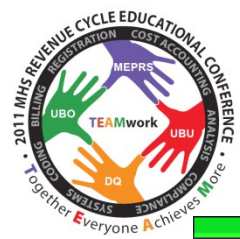
Page II Areas of Concern

- The negative amount of Open Claims in FY09 clearly shows a problem with the data
- The write-off totals do not equal the amount of Adjustments and Refunds in Part I
- The volume of claims written off to W05 – patient had no obligation to pay
- The volume of claims written off to W09 – not covered
- The volume of claims written off to W12 – HMO
- The small amount written off to W15 – copays and deductibles



How to Ensure Data Is Correct?

- Run the Balance Check in CHCS monthly prior to running any other reports
- Work the Inpatient Notify Roster weekly, process billing adjustments and refunds as soon as possible
- Compare this report to historical reports for the same quarter of prior fiscal years
- Determine which year has an error and see if it is fixable



Outpatient DD 2570

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(1.0) TPOCS 3.1 - Itemized Billing

File Patients Billing Accounting Reports Tools Window Help

(5.1.6) - TPOCS Reports (DDD)

Electronic Billing Mailing Label List Report Others Ad Hoc Report

DDD Report A/R Report Break Out Tracking Activity Audit Trail Diagnostic

DD 2570 (TPCP Program Results)
DD 2607 (TPCP Analysis)
DD 2608 (Insurance Type)

Sort Report
☒ Ascending
☐ Descending

Run Report
Create Ad Hoc Report

(5.5.1) - Report Selections: DDD Report

DD 2570 (TPCP Program Results)

Laser: Portrait/Letter Size
Dot Matrix: 12cpm/Narrow Fanfold Paper

Destination Report Site Report Selections

DD2570 Dates

From 10/01/1991
Through 12/31/2007

Help Print Close

Select a Reporting Code if you do Consolidated Billing. Otherwise, use Reporting Code A

Outpatient MITCHELL 11-20-07 8:57:33 Eglin AFB

Start UBO 2007 How to Analyz... 2008 How to Analyze TP... (1.0) TPOCS 3.1 - Ite... Sent Items - Microsoft O...

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Always send to printer

Always change "Through" date to the last day of the quarter



Outpatient DD 2570

- Every TPOCS is set up differently
- You may have many different reporting sites set up on your server
- Determine which reporting sites pertain to TPC
- Data from all TPC sites need to be added together
- Totals will be reported on the UBO Metric Web site



Example of TPOCS Reporting Sites

Reporting Code	Reporting Code Description	Color
A	20	
Electronic Site ID:	med50a	
B	MEDICAL AFFIRMATIVE CLAIMS	
Electronic Site ID:		
C	RX	
Electronic Site ID:	med50a	
D	LAB	
Electronic Site ID:	med50a	
E	ELE	
Electronic Site ID:	med50a	
F	RAD	
Electronic Site ID:	med50a	



Outpatient Report - Part I

For Official Use Only

Third Party Collection Program
Report on Program Results (DD FORM 2570)

Segment Reported:
OUTPATIENT

Report Date:
01/26/2011

Quarter Beginning: 10/01/1991
Quarter Ending: 03/31/2011

Reporting E / ELE
MTF: ALL SITES

Part I

Description	Reporting Period			
	Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
NO. OF CLAIMS	3021	13727	12633	13247
NO. OF COLLECTIONS	865	6668	6563	6886
 TOTAL \$ AMOUNT BILLED/CHARGED	 \$372,668.53	 \$1,775,849.04	 \$2,194,117.25	 \$1,934,510.58
ADJUSTMENTS AND REFUNDS	\$104,999.52	\$808,670.09	\$1,353,166.02	\$1,194,861.46
AMOUNT COLLECTED PY 3	\$0.00	\$0.00	\$0.00	\$468,865.63
AMOUNT COLLECTED PY 2	\$0.00	\$0.00	\$429,784.81	\$196,504.20
AMOUNT COLLECTED PY 1	\$0.00	\$549,139.94	\$301,830.16	\$24,005.38
AMOUNT COLLECTED CURRENT FY	\$94,856.37	\$115,041.95	\$21,298.44	\$748.69
AMOUNT REMAINING UNCOLLECTED	\$172,812.64	\$302,997.06	\$88,037.82	\$49,525.22



Missing Data

- The TPOCS outpatient DD 2570 does not include data on the number of non-active duty appointments
- Ask your MEPRS Manager for this data
- Data is produced monthly; keep cumulative amounts to report quarterly



Outpatient Report - Part II

- This portion of the report shows the total open claims less transfers
- Notice only U02 shows dollar amounts; U03, U05, U07 seldom used
- Claims in “U” status not considered Open AR
- The Total of All Open Claims on this page should equal the Amount Remaining Uncollected in Part I

Part II

Reason Codes	Distribution of Remaining Uncollected Amounts	Uncollected Amounts Subdivided by Fiscal Year (FY)			
		Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
U01	OPEN CLAIMS	\$172,812.64	\$302,329.62	\$84,026.96	\$7,472.91
U02	TRANSFERRED TO EXTERNAL AGENT	\$0.00	\$667.44	\$4,010.86	\$42,052.31
U03	MTF NOT A PARTICIPATING HOSPITAL	\$0.00	\$0.00	\$0.00	\$0.00
U05	PATIENT HAD NO OBLIGATION TO PAY	\$0.00	\$0.00	\$0.00	\$0.00
U07	OTHER	\$0.00	\$0.00	\$0.00	\$0.00
Total of All Open Claims:		\$172,812.64	\$302,997.06	\$88,037.82	\$49,525.22



Outpatient DD 2570 Write-Off Codes

- Below are the codes used for write-offs
- Code 16-22 can be defined by the MTF
- The Total of All Closed Claims on this page should equal the Adjustments and Refunds in Part I

Reason Codes	Distribution of Closed Claims	Closed Claim Amounts Subdivided by Fiscal Year (FY)			
		Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
08	AMOUNT OF COVERAGE	\$50,654.23	\$390,375.22	\$850,244.33	\$690,936.48
09	PATIENT NOT COVERED	\$7,488.81	\$90,940.01	\$107,249.99	\$218,580.13
10	CHAMPUS AND/OR INCOME SUPPLEMENTAL PLF	\$0.00	\$289.80	\$6,598.35	\$8,417.78
11	MEDICARE SUPPLEMENT PLANS	\$764.80	\$7,616.11	\$16,341.68	\$13,208.14
12	HEALTH MAINTENANCE ORGANIZATION	\$0.00	\$0.00	\$0.00	\$1,276.04
13	MTF DID NOT COMPLY WITH UTILIZATION RE	\$187.60	\$143.67	\$46.20	\$176.63
15	PATIENTS COPAYS AND DEDUCTIBLES	\$45,835.98	\$312,137.67	\$334,073.91	\$231,878.45
16	OTHER	\$0.00	\$0.00	\$0.00	\$0.00
17	OTHER	\$22.70	\$1,022.50	\$6,259.67	\$28,562.67
18	OTHER	\$0.00	\$33.40	\$47.70	\$0.00
19	OTHER	\$45.40	\$119.00	\$1,406.20	\$1,705.50
21	OTHER	\$0.00	\$5,992.71	\$30,897.99	\$0.00
22	OTHER	\$0.00	\$0.00	\$0.00	\$119.64
Total of All Closed Claims:		\$104,999.52	\$808,670.09	\$1,353,166.02	\$1,194,861.46



What To Look For

- Negative amounts are a major warning flag
- If you follow Financial Management Regulations, PY2 should equal \$0 Total Open Claims and U02 should show the dollar amount of unpaid claims transferred
- The majority of write-offs should be posted under W15 – Patient Copays and Deductibles
- Too many write-offs under W09 – Not Covered – could indicate that insurance coverage is not being verified properly
- Too many write-offs under W08 – Amount of Coverage – could indicate insurance companies are underpaying the DoD



How to Fix Problems

- Run this report monthly to look for errors and fix them before the quarterly report is due
- Print the Negative Balance Report and correct problems as soon as possible
- Use the Notes section on the UBO Metrics report to explain anomalies (some problems can never be fixed)



Summary

- Know how to pull both the inpatient and outpatient DD 2570 reports
- Pull monthly to address errors before you must report on the UBO Metrics
- Know how to identify the problems
- Correct problems as soon as possible!



Q&A

- Questions?